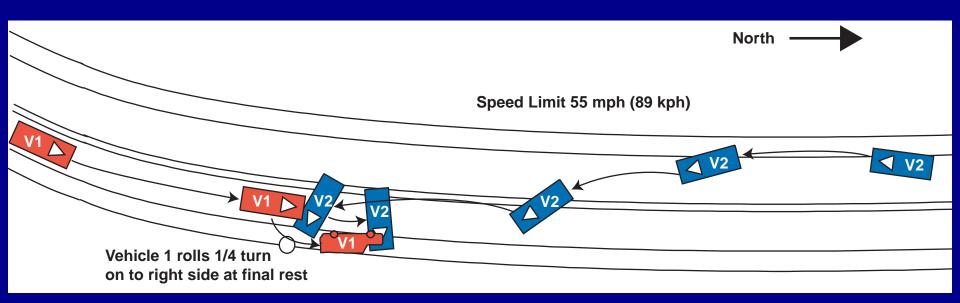
A Diagnostic Challenge:

Cervical Spine Injuries in Children

University of Michigan
Program for Injury Research and Education



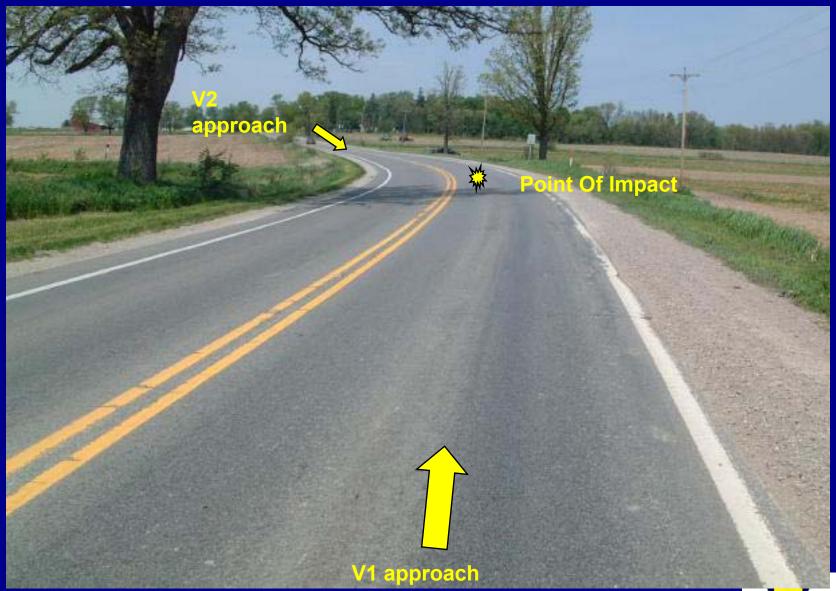
Crash Scenario



- 1994 Ford Explorer, 4 x 4, SUV vs 1995 Ford Assembled vehicle (1993 Ford Probe body)
- Daylight, rain, wet asphalt roadway
- Driver of V2 lost control of vehicle, entered a Counter Clockwise (CCW) yaw, crossed centerline and into path of V1
- Front of V1 struck the right-side of V2 in a T-type configuration
- V2 rapidly rotates CCW around V2 causing secondary side-slap
- V1 rolls on quarter turn onto right side
- Four occupants of V1
- Driver is lone occupant of V2, partially ejected, fatally injured



Crash SceneRoadway Overview





Case vehicle as found in the tow yard - representative of FRP











Impact #1

CDC:

Direct damage length:

Max Crush:

PDOF:

Severity:

12-FDEW-3

157 cm

49 cm

350 degrees

28 mph ΔV

- 28 longitudinal 5 lateral





Impact #2

CDCs:

Direct damage length:

Max Crush:

PDOF:

Severity:

09-LYAW-3

214 cm

10 cm

270 degrees

6 mph ∆V

0 longitudinal +6 lateral





Impact #3

CDCs:
Direct damage length:
Max Crush:
PDOF:
Severity:

00-RDA0-2 409 cm less than 1 cm non-horizontal minor



Vehicle 2 - 1993-95 Ford Probe



CDC:

Direct damage length:

Max Crush:

PDOF:

Severity:

12-RDAW-5

310 cm

98 cm

70 degrees

40 mph ∆V

-14 longitudinal - 38 lateral



Impact #1

Driver

Non-case occupant

37-year-old female5 ft 2 in tall110 lb3-point manual belt worn

contusion mid forehead, contusion around right eye, and contusion left forearm, bloody nose





Case Occupant A

- left rear
- 3-year-old male
- 3 ft 3 in tall
- 33 lb
- 3-point manual belt worn with shoulder belt behind back
- No intrusions



















Case Occupant B

- right rear
- 6-year-old male
- 4 ft tall
- 50 lb
- 3-point manual belt worn with shoulder belt behind back
- No intrusions



Right Rear - 1994 Ford Explorer





Right Rear - 1994 Ford Explorer







Right Rear - 1994 Ford Explorer







Case Occupant C

- Right front
- 7-year-old female
- 4 ft 1 in tall
- 75 lb
- 3-point manual belt worn
- Intrusions
 - Toe pan 9 cm to rear
 - Floor pan 11 cm up



Right Front - 1994 Ford Explorer











Right Front - 1994 Ford Explorer







Occult Injuries Worst case scenario

- Injury not clinically apparent by exam.
- Patient unable to communicate.
- Injury difficult to diagnose.
 - Anatomic variation due to developmental changes or senescence.
 - Technically difficult to image.
- Severe (potentially preventable) consequences.



Medical Summary

A: Left rear

B: Right rear

C: Right front



Case Occupant A

- Left rear
- 3-year-old male
- 100 cm (3' 3")
- 15 kg (33 lb)
- 3-point manual belt worn with shoulder belt behind back





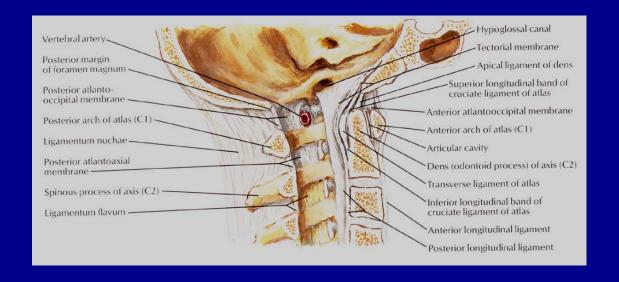






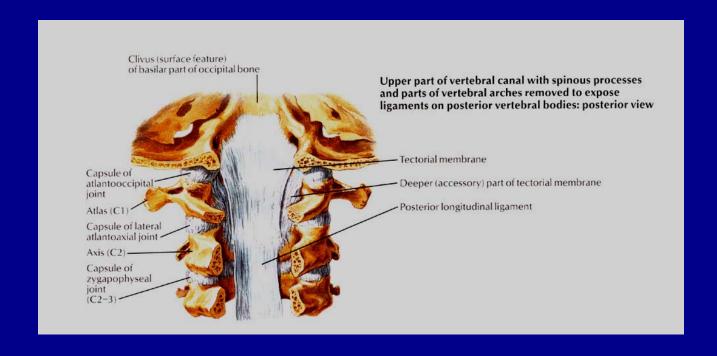
Injury	AIS	Contact Area
Small bowel perforation	3	Lap belt
Mesenteric hematoma	2	Lap belt
Bilateral iliac wing fractures	2, 2	Lap belt





Medical images removed to protect patient confidentiality





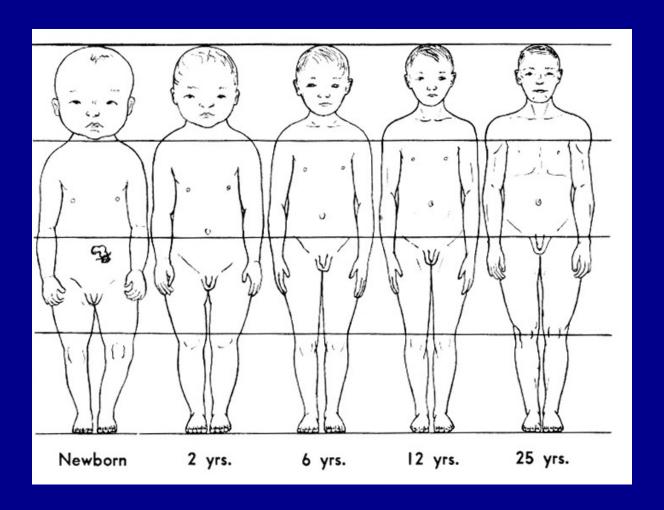
Medical images removed to protect patient confidentiality



Child ≠ Small Adult

We all know that early childhood is a time of rapid changes. From the crash perspective, it is critical to keep in mind that children are not scaled down versions of adults. For instance, in the following slide, one can see that the head is proportionately much larger in the infant and young child. Normal body proportions are not reached until approximately 10 years of age.

Child ≠ Small Adult

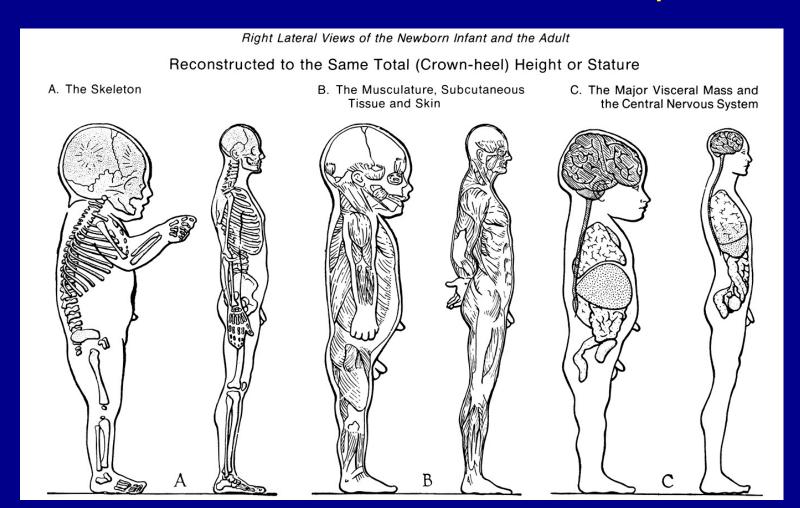




A Child's Neck is Under-developed

This problem is worsened from the crash injury standpoint by the fact that an under-developed neck supports an oversized head. As shown in the following slide, the vertebrae of the neck are much weaker than in the adult, often containing cartilage that has not hardened into bone. The muscles of the neck are weak and under-developed, you see this yourself with young infants who can't hold up their heads. The ligaments binding the vertebrae together are also loose to accommodate growth. In a crash, a large amount of stress is placed on the underdeveloped neck and injuries can result.

A Child's Neck is Under-developed





Injury	AIS	Contact Area
Small bowel perforation	3	Lap belt
Mesenteric hematoma	2	Lap belt
Bilateral iliac wing fractures	2, 2	Lap belt
A-O dissociation	2	Non-contact



Case Occupant B

- Right rear
- 6-year-old male
- 122 cm (4')
- 23 kg (50 lb)
- 3-point manual belt worn with shoulder belt behind back











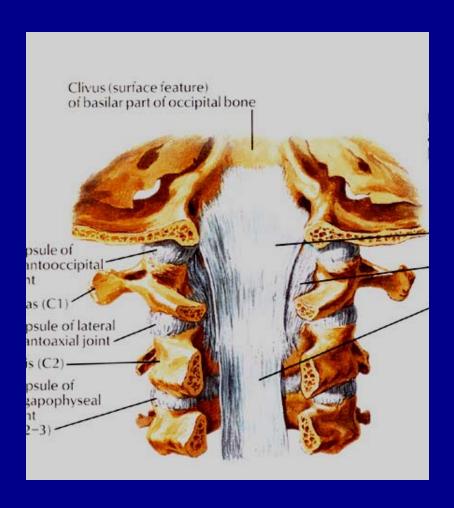






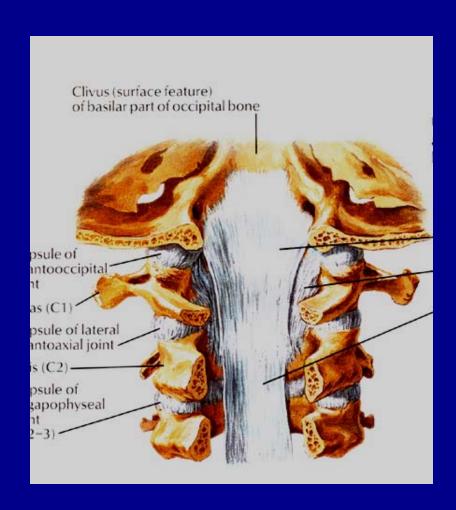
Injury	AIS	Contact Area	
Small bowel devascularization x 2	4	Lap belt	
Right frontal bone fracture	3	Right front seat back frame	
Right frontal lobe contusion	3	Right front seat back frame	
Right subarachnoid hemorrhage	3	Right front seat back frame	
Colon perforation	3	Lap belt	
L2-3 spinous process avulsion fractures	2, 2	Flexion around lap belt	
L4 vertebral body fracture	2	Flexion around lap belt	





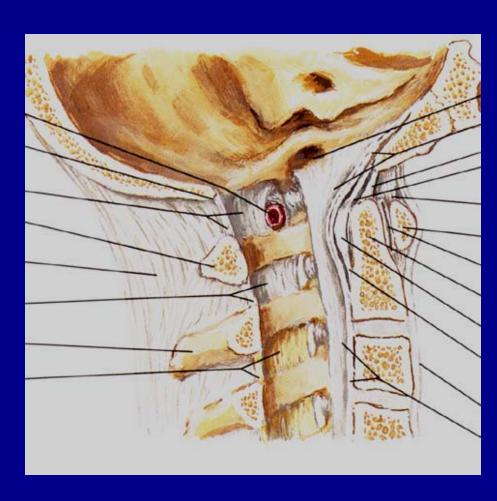
Medical images removed to protect patient confidentiality





Medical images removed to protect patient confidentiality





Medical images removed to protect patient confidentiality



Injury	AIS	Contact Area	
Small bowel devascularization x 2	4	Lap belt	
Right frontal bone fracture	3	Right front seat back frame	
Right frontal lobe contusion	3	Right front seat back frame	
Right subarachnoid hemorrhage	3	Right front seat back frame	
Colon perforation	3	Lap belt	
L2-3 spinous process avulsion fractures	2, 2	Flexion around lap belt	
L4 vertebral body fracture	2	Flexion around lap belt	
A-O dissociation	2	Non-contact	



Case Occupant C

- Right front
- 7-year-old female
- 124 cm (4' 1")
- 35 kg (75 lb)
- 3-point manual belt worn





floor pan = 11 cm upward

toepan = 9 cm rearward



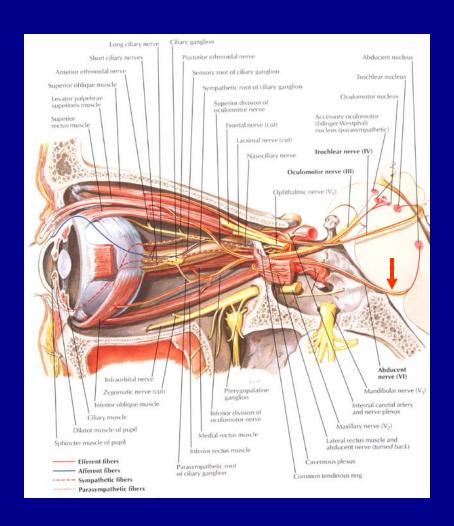






Injury	AIS	Contact Area
Bilateral pulmonary contusions	4	Shoulder belt
Left #2-6 anterior- lateral rib fractures	3	Shoulder belt





Medical information removed to protect patient confidentiality



Injury	AIS	Contact Area
Bilateral pulmonary contusions	4	Shoulder belt
Left #2-6 anterior- lateral rib fractures	3	Shoulder belt
A-O dissociation	2	Non-contact



Summary

- Pediatric cervical spine injuries
 - Are often occult.
 - Can be difficult to diagnose.
- These cases
 - Illustrate the age dependence of injury tolerance.
 - No spinal cord injury VERY unusual.
 - At threshold of neck injury tolerance.
 - Good documentation, multi-modal 3D datamodeling?



MADYMO Model: Assessment of Occupant Kinematics

- MADYMO model based on actual vehicle
- Vehicle Environment (internal geometry) obtained from previous simulations
- Crash Pulse obtained from NHTSA FMVSS 208 compliance test (30mph)
- Occupants simulated using Hybrid III 6 year old models for right rear and right front, Hybrid III 3 year old model for left rear
- Finite Element Seat Belts created to emulate reported belt conditions for 3 children in vehicle



Model Assumptions

- Seat Belt Mounting Points based on actual vehicle
- Seat, Belt, Contact properties obtained from other models
- Belt Usage as reported in CIREN case file (shoulder belt behind back of rear passengers)
- Crash Pulse applied at 12:00
- Passengers Seated normally, legs together, facing forward, upright except right rear, for which other positions were investigated
- Belt Slack and Seating conditions for right rear occupant varied to investigate head contact



Comparison of Case Occupants to Dummy Models

	Age	Height	Weight
Vehicle Occupants	3 years	100 cm	15 kg
	6 years	122 cm	23 kg
	7 years	124 cm	35 kg
Hybrid3 Dummies	3 years	94.5 cm	15 kg
Hyt Dum	6 years	114 cm	23 kg



Neck Injury (Hybrid III ATDs)

